2017 ANNUAL DUES CAMPAIGN

THANK YOU FOR YOUR GENEROUS SUPPORT!

Because of the Alumni Association, we have been able to provide:

• iPads for all our residents
• Necessary educational items like books and journals for our residents and fellows
• Funds for CME courses and travel for our students
• Funds for graduations

Your support has also helped us launch our new orthopedic surgery alumni giving program: The Victor Frankel, MD/Ralph Lusskin, MD Orthopedic Education and Training Fund. We hope that this fund will continue to grow in 2017!

We look forward to seeing all our alumni at the AAOS Annual Meeting Alumni Reception.

Join us: AAOS Alumni Reception

Friday, March 9, 2018
6:00 p.m.–9:00 p.m.
Westin New Orleans
100 Rue Iberville
New Orleans, LA 70130

Visit the NYU HJD AAOS Booth in the Exhibit Hall: Booth #4733
MEMBERSHIP FORM

2017 Alumni Membership Dues: $250

Payment:
I am enclosing _____________ for the 2017 Alumni Dues.

Payment by credit card:
Mail this form or fax to 212.598.6442. You may also scan/email to ana.dejesus@nyumc.org.

☐ AMEX  ☐ VISA  ☐ MC

Card Number: ____________________________ Name on card: ________________________________
Expiration Date: _______________ CVV: _______________ Telephone: ______________________________
Billing Address: ________________________________________________________________
E-mail: __________________________________________________________________________

Payment by check:
Mail or fax this form. Checks to be made payable to NYU HJD Alumni Association.

Mail to:
301 East 17th Street, #1402
New York, NY 10003

Personal Information

To keep you updated on Alumni and Hospital activities it is essential to notify us of any change.

Please fill out the following information:

Name: ____________________________________________
Office Address: ______________________________________
Office Phone: (___) ____________
email: ____________________________@

Subspecialty:
Please check one:

Resident  ☐ NYU  ☐ HJD  Year(s) _________
Fellow  ☐ NYU  ☐ HJD  Year(s) _________
Joined Staff  ☐ NYU  ☐ HJD  Year(s) _________

RSVP

If you are attending the AAOS Reception please indicate if you will be bringing a guest. You may RSVP on this form or by email to ana.dejesus@nyumc.org.

☐ Yes I will be attending.
___Number of guests